

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

101567.894

FILING DATE

2-8-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3						
4			2			
5				1		
6			2			
7				1		
8			2			
9			2			
10			2			
11			2			
12			2			
13			2			
14			2			
15			2			
16			2			
17			2			
18			2			
19			2			
20			2			
21			2			
22			2			
23			2			
24			2			
25			2			
26			2			
27			2			
28			2			
29			2			
30			2			
31			2			
32			2			
33			2			
34			2			
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36			2			
37			2			
38			2			
39			2			
40			2			
41			2			
42			2			
43			2			
44			2			
45			2			
46			2			
47			2			
48			2			
49			2			
50			2			
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				2		
52			2			
53			2			
54			1			
55				1		
56						
57				1		
58				1		
59				1		
60			2			
61			2			
62				1		
63						
64						
65						
66						
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92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓	3	↓		↓
TOTAL DEP.		←	25	←		←
TOTAL CLAIMS			28			